

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

| | | | | | | | | | |
|--|--|--------------------------------------|--|---|--|--|--|--|--|
| 1. CONTRACT/PURCH ORDER NO. SPO60098D4585 | | 2. DELIVERY ORDER NO. Q2F9 | | 3. DATE OF ORDER (YYMMDD) 00MAY04 | | 4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE | | 5. PRIORITY A8A | |
| 6. ISSUED BY DIRECTORATE OF CONTRACTING 30 N WOLFE AVE AFFTC/PK EDWARDS AFB CA 93524-6351 CINDY FERRER (661)277-9567 | | | | 7. ADMINISTERED BY (If other than 6) SEE BLOCK 9 | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other) | | | |
| 9. CONTRACTOR EAGLE AVIATION INC 1845 AIRPORT RD KALISPELL MT 59901-7501 | | | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 00MAY10 | | 11. MARK IF BUSINESS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | |
| 12. DISCOUNT TERMS N30 | | | | 13. MAIL INVOICES TO | | | | | |
| 14. SHIP TO FUELS MANAGEMENT OFFICER MRK FOR: FP2805 SPO600 98D4584Q2F9 MARK FOR FP2805SPO60098D4584 M/F SEE SCHEDULE EAFB CA 93524-6570 | | | | 15. PAYMENT WILL BE MADE BY DFAS-SB OPERATING LOCATION MRK FOR: FP2805 SPO600 98D4584Q2F9 1111 E MILL STREET SAN BERNARDINO CA 92408-1621 | | | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | |

| | |
|---|----------|
| 16. DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | |
| 16. TYPE OF ORDER | PURCHASE |
| Reference your <input type="checkbox"/> ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | |

| | | | |
|--|-----------|----------------------|----------------------|
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYMMDD) |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | |

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

98X4930.FC01 61 672300

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|--------------------------------|----------|----------------|-------------|
| 1 | GASOLINE, UNLEADED REGULAR, TT W/PUMP INTO 2/25,000 AND 3/10,000 GAL TANKS AT THE BUILDING SPECIFIED IN ORDER OXYGENERATED FUEL USED UNTIL FEB 1993. DETENTION CHARGES:\$70.00 PER HOUR NO FREE TIME IN EXCESS OF ONE HOUR. THIS ORDER IS FOR DELIVERY TO BLDG 4925, ON 03 MAY 00, ITEM NO. 791-08, CALL NO. Q2F9. THE PRICE INCLUDES TAXES OF .184 AND CA TAX OF .18. THIS ORDER IS FOR PAYMENT PURPOSES ONLY. VARIATION 10% | 8700 | GA | \$1.39 | \$12,051.24 |

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA

Cathi D Cleveland 05 May 00
BY: **CATHI D. CLEVELAND** CONTRACTING/ORDERING OFFICER

25. TOTAL \$12,051.24

26. DIFFERENCES

27. INITIALS

28. AMOUNT VERIFIED CORRECT FOR

29. CHECK NUMBER

30. BILL OF LADING NO.

31. E/R VOUCHER NO.

| | | | | | |
|--|--|--|--|---------------------------------|--|
| 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | 27. SHIP. NO. | | 28. D.O. VOUCHER NO. | |
| DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | |
| 36. I certify this account is correct and proper for payment. | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 33. AMOUNT VERIFIED CORRECT FOR | |
| DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | 34. CHECK NUMBER | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYMMDD) | |
| | | | | 40. TOTAL CONTAINERS | |
| | | | | 41. E/R ACCOUNT NUMBER | |
| | | | | 42. E/R VOUCHER NO. | |